

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICESPRINTED: 02/05/2010
FORM APPROVED
OMB NO. 0938-039145th 3/14/10

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 445076	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 - MAIN BUILDING 01 B. WING _____		(X3) DATE SURVEY COMPLETED 01/26/2010
NAME OF PROVIDER OR SUPPLIER NHC HEALTHCARE, MCMINNVILLE			STREET ADDRESS, CITY, STATE, ZIP CODE 928 OLD SMITHVILLE RD MC MINNVILLE, TN 37110		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE	
K 018 SS=D	<p>NFPA 101 LIFE SAFETY CODE STANDARD</p> <p>Doors protecting corridor openings in other than required enclosures of vertical openings, exits, or hazardous areas are substantial doors, such as those constructed of 1¾ inch solid-bonded core wood, or capable of resisting fire for at least 20 minutes. Doors in sprinklered buildings are only required to resist the passage of smoke. There is no impediment to the closing of the doors. Doors are provided with a means suitable for keeping the door closed. Dutch doors meeting 19.3.6.3.6 are permitted. 19.3.6.3</p> <p>Roller latches are prohibited by CMS regulations in all health care facilities.</p> <p>This STANDARD is not met as evidenced by: K- 18. Based on observation during the survey, it was determined the facility failed to maintain the fire doors within fire and smoke barriers.</p> <p>The findings include:</p> <p>On 1/26/10 at 1:45 PM observation within the resident room 122 revealed the entry door was too tight to close within the frame.</p> <p>At 2:10 PM observation within the dietary area in the basement revealed the entry door was too tight to open.</p>	K 018	<p>K018</p> <p>Maintenance Supervisor repaired entry door at patient room 122 & basement entry door on 1/29/2010. The Maintenance Supervisor and Maintenance Assistant to QA doors monthly for three months and then quarterly for nine months to ensure continued compliance. Results to be reported to the QA Committee (Administrator, Director of Nursing, Medical Director, Health Information and Assistant Director of Nursing).</p> <p>Completion date:</p>	1/29/2010	

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X5) DATE



Administrator

2-12-2010

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

DEPARTMENT OF HEALTH AND HUMAN SERVICES
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OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 445076	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 - MAIN BUILDING 01 B. WING _____		(X3) DATE SURVEY COMPLETED 01/26/2010
NAME OF PROVIDER OR SUPPLIER NHC HEALTHCARE, MCMINNVILLE			STREET ADDRESS, CITY, STATE, ZIP CODE 928 OLD SMITHVILLE RD MC MINNVILLE, TN 37110		
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K 018	Continued From page 1	K 018			
K 025 SS=D	<p>The findings were noted by the Maintenance Director, verified and acknowledged by the facility administrator during the exit interview on 1/26/10.</p> <p>NFPA 101 LIFE SAFETY CODE STANDARD</p> <p>Smoke barriers are constructed to provide at least a one half hour fire resistance rating in accordance with 8.3. Smoke barriers may terminate at an atrium wall. Windows are protected by fire-rated glazing or by wired glass panels and steel frames. A minimum of two separate compartments are provided on each floor. Dampers are not required in duct penetrations of smoke barriers in fully ducted heating, ventilating, and air conditioning systems. 19.3.7.3, 19.3.7.5, 19.1.6.3, 19.1.6.4</p> <p>This STANDARD is not met as evidenced by: K-25 Based on observation during the survey, it was determined the facility failed to maintain the fire and smoke barriers.</p> <p>The findings include:</p> <p>On 1/26/10 at 3:10 PM observation within the 200 hall area ceiling space above the resident rooms 211 and 213 entry doors revealed penetrations in the smoke walls. NFPA 101, 8.3.6.1.</p> <p>At 3:15 PM observation above the 200 hall fire doors revealed penetration in the fire/smoke wall. NFPA 101, 8.3.6.1.</p> <p>The findings were noted and verified by the</p>	K 025	K025	<p>The Maintenance Supervisor sealed the penetrations above patient rooms 211, 213 & above 200 hall fire doors with Flame Stopper, Smoke, Fire & Draft Stop. The Maintenance Supervisor and Maintenance Assistant checked all other smoke walls for penetrations and sealed as appropriate with Flame Stopper, Smoke, Fire & Draft Stop. The Maintenance Supervisor and Maintenance Assistant will check smoke walls monthly for three months and then quarterly for nine months to ensure substantial compliance. Results to be reported to the QA Committee (Administrator, Director of Nursing, Medical Director, Health Information and Assistant Director of Nursing).</p> <p>Completion date:</p>	2/2/2010

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K 147	<p>Continued From page 3</p> <p>Electrical wiring and equipment is in accordance with NFPA 70, National Electrical Code. 9.1.2</p> <p>This STANDARD is not met as evidenced by: K-147 Based on observation during the survey, it was determined the facility failed to maintain the electrical system.</p> <p>The findings include:</p> <ol style="list-style-type: none"> 1. On 1/26/10 at 10:45 AM observation within the office manager's office in the front office area revealed the use of a piggy-back connection 2. At 1:00 PM observation within the resident room #200 revealed a piggy-back connection of two surge protectors. NFPA 70, 240-5. 3. At 3:20 PM observation within the station 4 (400 hall) ceiling area above the fire doors revealed a 'J' -box with live wires without any cover plate. NFPA 70, 410-56(d). <p>The findings were noted by the Maintenance Director, verified and acknowledged by the facility administrator during the exit interview on 1/26/10.</p>	K 147	<p>K147</p> <p>The Maintenance Supervisor removed the "piggy-back" connections from patient room 200 and the office manager's office. All offices in the center and patient rooms were checked for "piggy-back" connections and removed as appropriate. The Maintenance Supervisor and Maintenance Assistant will check offices and patient rooms monthly for three months and then quarterly for nine months to ensure continued compliance. Findings will be reported to the QA Committee (Administrator, Director of Nursing, Medical Director, Health Information and Assistant Director of Nursing).</p> <p>The Maintenance Supervisor replaced the "J-Box cover" within the Station 4 (400 hall) ceiling area above the fire doors. The Maintenance Supervisor and Maintenance Assistant will check "J-Box Covers" monthly for three months and then quarterly for nine months to ensure continued compliance. Findings will be reported to the QA Committee (Administrator, Director of Nursing, Medical Director, Health Information and Assistant Director of Nursing).</p> <p>Completion Date:</p>	1/29/2010	